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TO: All DWD Employees

FROM: Monty W. Combs  
Deputy Commissioner/ Controller *MWC*

DATE: March 31, 2005

SUBJ: DWD Policy 2004-30  
Travel Claim Processing

RE: All Funding Sources Administered by DWD

**PURPOSE:** The purpose of this communication is to share with DWD staff the travel reimbursement claim submission procedures.

**RESCISSIONS:** DWD Communication # 2004-15, issued November 10, 2004

**CONTENT:** The purpose of this memo is to provide guidance on completing the Travel Form (SF980) in a manner that is consistent with State Travel Regulations.

As a reminder, it is only necessary to submit the original claim voucher to the Accounts Payable Section. If you wish a copy of the claim to be returned with the check, you may include a copy of only the front of the claim voucher when submitting the original. **Please remember to tape all small receipts to an 8 ½" x 11" sheet of paper.** All hotel receipts must be originals with "zero balances" or some additional form of proof of payment; i.e., charge slips, etc. **Travel vouchers must be submitted for reimbursement at least quarterly (based upon travel) AND within the same fiscal year. If a travel voucher is submitted after this time period, it is considered late and must include a memo addressed to the Deputy Commissioner/Controller explaining the reason.**

The detailed instructions for completing the State of Indiana Travel Claim Voucher are attached.

- All State claim forms are white in color.
- All Travel Claims must be in **black** ink.
- Travel forms are State mandated forms that cannot be altered.
- Font size should always be 12 pitch.
- These forms must be printed in "landscape" format and should fill 8 ½" X 11" sheet of paper.
- All entries are to be made within the lined portion of the form. Do not type in blank areas.
- The traveler or supervisor must initial any corrections (whiteout) on the form.
- If additional pages are needed, include page numbers on each page and combined column totals on the last page (latest travel date).
- The employee must sign each page being submitted.

The maximum in-state lodging rate is \$79.00 per night plus applicable taxes. Hotels located in downtown Indianapolis have a maximum rate of \$83 per night plus applicable taxes. If an employee accepts a hotel rate higher than the maximum rate, the employee will only be reimbursed up to the maximum hotel rate plus applicable taxes allowed for that hotel. Out of State lodging has no limitation, but will be reviewed by the State Department of Administration for reasonableness. **State employees are always expected to request the state government rate when making their lodging reservations.** All other reimbursement rates; i.e., mileage, subsistence, etc., can be found on DWITE under DWD Policy #2003-23.

**EFFECTIVE DATE:** April 18, 2005

**REVIEW DATE:** January 31, 2007

**ENDING DATE:** April 18, 2007

**ACTION:** Employees are to submit only the original travel claim and original receipts for both in-state and out-of-state travel. Questions regarding procedures may be addressed to Missy Wolfe, Accounts Payable Assistant Manager, at 233-6673 or Pat Tweedy, Accounts Payable Manager, at 232-7726.

**OWNERSHIP:** Accounts Payable

## INSTRUCTIONS—TRAVEL VOUCHER SF980 (R2/12-96)

*The following are general instructions for completing the SF980. Complete State Travel Policies and procedures are contained in the FMC 2003-1.*

*Complete only the areas specified. Accounts Payable staff will complete other information during processing. Be sure to keep a copy of your travel claim.*

1. **EMPLOYEE'S NAME**—enter the claimant's name in this format:

LAST NAME, FIRST NAME AND MIDDLE INITIAL

Note: A comma should be used after the last name

2. **POST OR STATION**—enter this information as it appears on the Letter of Travel Authorization (Form 2541) including complete address
3. **SOCIAL SECURITY NUMBER**—the number should be preceded by a zero and entered with no spaces or dashes. At the end of this number, include EE. Example: 0555321120EE
4. **EMPLOYEE'S ADDRESS**—enter your home address as it appears on your Letter of Travel Authorization (Form 2541). This should be the same address that appears on your payroll check. If you have recently moved, be sure to notify payroll. As well, you will need to complete a new Form 2541 and W-9. These forms need to be submitted to Accounts Payable in order for you to be added/ changed in the Auditor's vendor file. **NOTE: The Auditor's vendor file (payments/reimbursements) and the employee file (payroll) are two separate entities.**
5. **YEAR**—enter the year of the travel.
6. **DATE**—enter the month and day of travel. Use at least one line per day in travel status. Enter all expenses in their chronological order.
7. **TRAVEL BETWEEN POINTS**—enter FROM the complete address where travel began. For example: "10 N Senate Ave., Indianapolis 46204". This space is also used to describe expenses in the "Other Expenses" column. Please remember that all departure and arrival points must be shortest distance, home or station, regardless of the route traveled when leaving from home. However, if the traveler comes into his/her station first, then travel may be claimed from the station as long as departure and arrival times are noted for each trip.
8. **Enter "TO"**—the complete address of the destination of travel following guidelines in #7.

**NOTE: addresses are not necessary on the travel voucher if driving a state vehicle. Please include "SOV" in the mileage column.**

9. **Enter the HOUR of departure/arrival.** Be certain to include “a.m.” or “p.m.” as required. Please note that Military Time is not acceptable. This information is used to support subsistence claims and the actual mileage claimed.
10. Enter the **LODGING EXPENSE** for each night, including taxes, on separate lines. Attach original lodging receipt(s) indicating payment (a zero balance or a charge slip).
11. Enter the amounts of “**OTHER EXPENSE**”. These will include daily subsistence and registration fees.
12. Enter the amounts of “**OTHER EXPENSE**”. These will include parking fees, tolls, taxi cabs, etc. Attach original receipts for all claims.
13. Enter the number of miles traveled. Reimbursable miles are limited to the shortest distance between two points. Mileage can be found by using the Internet site [www.randmcnally.com](http://www.randmcnally.com). If exact addresses are not located on [www.randmcnally.com](http://www.randmcnally.com), please use [www.mapquest.com](http://www.mapquest.com) (only as a backup site).
14. Enter the amount claimed. Rate per mile is \$0.34 for the first 500 miles and \$0.17 for each mile over 500.
15. **DO NOT USE OR ALTER THESE PARTS OF THE FORM.**
16. Verify the totals of the columns for Lodging Expense, Other Expense, Other Expense, Number of miles and mileage. If multiple pages, please include totals for columns on the last page (latest travel dates).
17. Verify the Gross Amount equals the sum of the column totals going across. If multiple pages, please include Gross Amount on the last page (latest travel dates).
18. Be certain to sign and date in the space provided for “Signature of Employee” and “Date”. **This must be in BLACK ink.**

## **COMPLETE THE EXPENSE DISTRIBUTION**

The reverse side of the travel voucher must be completed before submission to the Accounts Payable Section for processing.

To determine the proper FARS codes to charge, please reference the Time Distribution Manual and subsequent updates.

Generally speaking, the codes used to report “Travel Expense Distribution” would match those reported on the Form 2808, “Monthly Time Distribution Report” for the same dates. There are four (4) categories in which to charge time in travel status. They are:

**Business In-State:** which is used to report routine in-state travel used in the performance of daily tasks.

**Professional Development In-State:** which is used to report time spent traveling to and participating in training, seminars, conference, etc. Any situation in which “knowledge is gained” is the objective for charging to professional development.

**Business Out-of-State:** which is used to report routing out-of-state travel used in the performance of daily tasks.

**Professional Development Out-of-State:** which is used to report time, spent traveling to and participating in training, seminars, conferences, etc. Any situation in which “knowledge is gained” is the objective for charging to professional development.

**SUPERVISOR’S SIGNATURE**—The reverse side of the Travel Claim Voucher must be signed and dated by the person signing your Letter of Travel Authorization as “Authorizing Official”. Should this person be located at a station other than where you are located, send the claim to your authorizing official (supervisor) for signature. Do not send it to Accounts Payable without the signature. If the Authorizing Official is absent, the claim may be signed by his/her written appointed designee. If Accounts Payable receives the travel claim voucher without the supervisor’s signature, it will be returned to the supervisor for signature and will delay processing time. Questions regarding any of these procedures may be addressed to Accounts Payable. Time Distribution questions should be addressed to the Federal Accounting Section, Leslie Williams, Deputy Controller.